

§ 412.352 Budget neutrality adjustment.

For FY 1992 through FY 1995, HCFA will determine an adjustment to the hospital-specific rate and the Federal rate proportionately so that the estimated aggregate payments under this subpart for inpatient hospital capital costs each fiscal year will equal 90 percent of what HCFA estimates would have been paid for capital-related costs on a reasonable cost basis under § 413.130 of this chapter.

SPECIAL RULES FOR PUERTO RICO
HOSPITALS

§ 412.370 General provisions for hospitals located in Puerto Rico.

Except as provided in § 412.374, hospitals located in Puerto Rico are subject to the rules in this subpart governing the prospective payment system for inpatient hospital capital-related costs.

§ 412.374 Payments to hospitals located in Puerto Rico.

(a) Payments for capital-related costs to hospitals located in Puerto Rico that are paid under the prospective payment system are equal to the sum of the following:

(1) 50 percent of a Puerto Rico capital rate based on data from Puerto Rico hospitals only, which is determined in accordance with procedures for developing the Federal rate; and

(2) 50 percent of the Federal rate, as determined under § 412.308.

(b) Effective for fiscal year 1998, the Puerto Rico capital rate described in paragraph (a) of this section in effect on September 30, 1997, is reduced by 15.68 percent.

(c) For discharges occurring on or after October 1, 1997 through September 30, 2002, the Puerto Rico capital rate described in paragraph (a) of this section in effect on September 30, 1997 is further reduced by 2.1 percent.

[62 FR 46032, Aug. 29, 1997]

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

Subpart A—Introduction and General Rules**Sec.**

413.1 Introduction.

413.5 Cost reimbursement: General.

413.9 Cost related to patient care.

413.13 Amount of payment if customary charges for services furnished are less than reasonable costs.

413.17 Cost to related organizations.

Subpart B—Accounting Records and Reports

413.20 Financial data and reports.

413.24 Adequate cost data and cost finding.

Subpart C—Limits on Cost Reimbursement

413.30 Limitations on payable costs.

413.35 Limitations on coverage of costs: Charges to beneficiaries if cost limits are applied to services.

413.40 Ceiling on the rate of increase in hospital inpatient costs.

Subpart D—Apportionment

413.50 Apportionment of allowable costs.

413.53 Determination of cost of services to beneficiaries.

413.56 [Reserved]

Subpart E—Payments to Providers

413.60 Payments to providers: General.

413.64 Payments to providers: Specific rules.

413.65 Requirements for a determination that a facility or an organization has provider-based status.

413.70 Payment for services of a CAH.

413.74 Payment to a foreign hospital.

Subpart F—Specific Categories of Costs

413.80 Bad debts, charity, and courtesy allowances.

413.85 Cost of educational activities.

413.86 Direct graduate medical education payments.

413.87 Payments for Medicare+Choice nursing and allied health education programs.